

Attorney Docket No.: AMD-AF01047

VY & TRAUS	IN I	HE UNITED STA	IES PAIENI	AND	IKADEN	IAHK U	FFICE			
Thereby control bearing Find of deposit.	irst Class F	nis transmittal of the below des costage and addressed to the C	cribed document is being Commissioner for Patents	P.O. Box 14	50 Alexandria,	States Postal S VA 22313-14	Service in a 150, on the	n envelope below date		
Date of Deposit:	5/21/0	Name of Person Making the Deposit:	Kerry Erin Kelly	Signature Making th	of the Person ' e Deposit:	Tenn	\mathcal{L}	MI		
	pplicati		ashitani, Mark I	Randolp	h	Tryc		3		
Serial N	No.:	10/086,112	Examine	r: B	ooth, R.					
Filed:		2/27/02	Art Unit:	: 28	812					
For:		NROM CELI	L WITH N-LESS	CHANN	EL					
		r for Patents VA 22313-1450					7	TFCHM	24	
		RESPONSE	TO RESTRICTION	REQUIR	EMENT TR	<u>ANSMITTA</u>	<u>L</u>	2 2000		
1.	Transm	itted herewith is an ame	endment for this app	olication				8 200 CENT		
ap (Tra	plication 2	d herewith is a respons sheets) d herewith are	se to a Restriction R				tified pat	MAY 28 2003 TECHNOLOGY CENTER 2800		
2.	Applica	nt is other than a small	-							
			Extension o	of Term	ì					
3.	The pro	oceedings herein are for	r a patent applicatio	n and the	provisions	of 37 C.F.	R. 1.136	apply.		
(a)	[]	Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
		Extension [] one month [] two months [] three month [] four months	\$ hs \$ s \$	<u>ee</u> 3110.00 3400.00 3920.00 31,960.00)					
				ee \$						
		extension of time is req	·							
(b)	[X] Applicant believes that no extension of term is required. However, this conditional petition is									

being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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F Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)									
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total				
Total Claims	23	- 32 =	0	x \$18.00	\$0.00				
Independent Claims	1	- 3 =	0	x \$80.00	\$0.00				
Multiple Dependent Claim Fee (one or more, first added by this \$260.00 amendment)									
Total Fees									

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.
 A duplicate copy of this authorization is enclosed.
- [] A check in the amount of \$\sigma\$

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: May 21, 2003

James P. Hao Reg. No. 36,398